

# Canton Parks and Recreation

## 2009 Swim Lesson Registration Night May 20<sup>th</sup> 6:00-8:00 p.m.

Registration night is intended for families that must have a specific swim lesson time. If you are flexible in your swimming schedule you may choose to register for your lessons after registration night and avoid the lines.

**REGISTRATIONS WILL NOT BE ACCEPTED PRIOR TO MAY 20<sup>TH</sup> AT 6:00 P.M.**

### Registration Form

#### Family Pool Membership and Swim Lesson

Adult/Parent/ Guardian: (Contact First) \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Street Town Zip

Adult/Parent/ Guardian: (Contact Second) \_\_\_\_\_ Relationship: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Street Town Zip

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1. Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
First MI Last

2. Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
First MI Last

3. Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
First MI Last

4. Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
First MI Last

5. Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
First MI Last

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6. Additional Adults Names: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Must live in household) First MI Last

7. Additional Adults Names: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Must live in household) First MI Last

Are there any special circumstances staff should be aware of to better assist any of the above participants? \_\_\_\_\_

List any health concerns: (medications, allergies, bee stings, seizures, etc.) \_\_\_\_\_

**Permission Waiver:** In consideration of your accepting this entry, I hereby for my self, my heirs, executors and administrators, waive and release any rights and claims for damages I may have against the agency providing the activities listed and its representatives and successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

**Registrant/ Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please turn over and complete Swim Lesson Information on back of this page**